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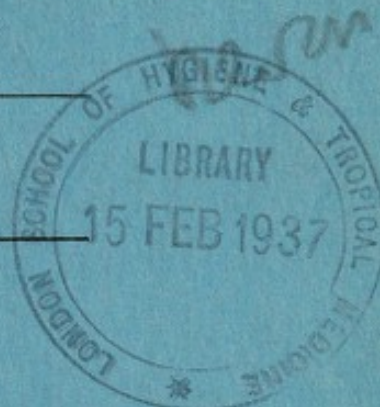


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TORQUAY EDUCATION COMMITTEE

YEAR 1936



TWENTY-NINTH

Annual Report



ON THE

Medical Inspection and Treatment

OF

Elementary School Children

ALSO

NINETEENTH ANNUAL REPORT

ON THE

Medical Inspection of Scholars

IN THE

Torquay Grammar School



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STAFF

School Medical Officer :

J. V. A. SIMPSON,
M.D.LOND., B.S., M.R.C.S., L.R.C.P., D.P.H.CAMB.

Assistant School Medical Officer :

L. G. ANDERSON, M.D.LIVERP., CH.B., D.P.H.LIVERP.

Ophthalmic Surgeon :

*J. M. THOMSON, M.B.GLASG., CH.B., D.O.M.S.ENG.

Dental Surgeon :

N. HARRIS, L.D.S.ENG.

School Nurses :

MISS F. M. HUGHES, S.R.N.

†MISS I. P. RANDOLPH,
S.R.N. Certified Midwife. H.V. CERT. R.S.I.

Clerks :

MISS E. VYLE.

*MISS V. FURSDON.

Dental Attendant :

MISS E. M. MANSFIELD

*Part-time.

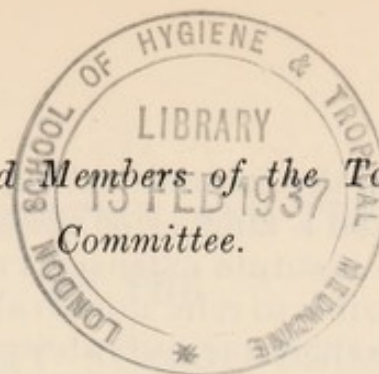
†Also a Health Visitor.

BOROUGH OF TORQUAY.

AREA OF BOROUGH (in acres)	5,377
POPULATION (1931 Census)	46,165
NUMBER OF ELEMENTARY SCHOOLS	14
NUMBER OF DEPARTMENTS	18
SPECIAL SCHOOL FOR PHYSICALLY DEFECTIVE	1
AVERAGE ATTENDANCE AT ELEMENTARY SCHOOLS	3,755
AVERAGE ATTENDANCE AT SPECIAL SCHOOL ...	75
AVERAGE NUMBER ON THE SCHOOL REGISTERS	4,276



To the Chairman and Members of the Torquay Education
Committee.



MR. CHAIRMAN, LADIES AND GENTLEMEN—

I have the honour to present the Twenty-Ninth Annual Report on the work of the School Medical Service in the Borough.

In October, Dr. T. Dunlop retired from the position of Medical Officer, which he had held since the beginning of school medical inspection; and it is my privilege to refer, in some measure, to his long and successful record. To tread the difficult path of a pioneer is always unique; but perhaps it is given to few men to see results at once so outstanding and so invaluable.

Possibly to the actual worker the world is too much with us, and what has been gradually accomplished is not always quickly appreciated; indeed,

“ With aching hands and bleeding feet
We dig and heap, lay stone on stone;
We bear the burden and the heat
Of the long day, and wish 'twere done.
Not till the hours of light return
All we have built do we discern.”

But now, looking back through the twenty-nine reports, there is imposing progress; the present boy and girl are taller and heavier, they are much better clad than the child of pre-war days, they work in vastly improved school buildings with facilities almost unheard-of a generation ago, their defects are promptly found and treated. In short, there exists in the school medical service an organisation which has proved its value (during the years of unparalleled economic crisis) in helping to maintain and safeguard the health of the school child, and which enables the growing boy and girl to face with equanimity the increasing claims of a complex and exacting civilisation.

In building up this administration, Dr. Dunlop has played a notable part, for on a number of occasions Torquay has been among the first to institute extensions and developments ; and while it is not possible to refer now to all the details, we can be certain that of his achievements Posterity will return the verdict with no uncertain voice—“ *He builded better than he knew.*”

In the descriptive report which Dr. Anderson submits, it is seen that the routine work is being carried out with customary thoroughness. The opening of the new clinic at Barton was one of the features of the year ; and this well-equipped building will prove of inestimable value to the large numbers of children in that area—a value which will increase in the future.

The report of Dr. Thomson shows most satisfactory extensions in the orthoptic training which is to be inaugurated for the cases of squint, and in the inclusion of the pre-school child in this work.

The Dental Officer, Mr. Harris, has carried out a large volume of work, and it is particularly gratifying to notice the high percentage of acceptances for treatment, which is a worthy testimony of the value of the department. If this can be maintained, and if parents will recognise the need for early conservative treatment, there will be reasonable hope of reducing the present excessive widespread incidence of dental caries.

In conclusion, I acknowledge with gratitude both the support which the Education Committee have given me, and the loyal co-operation of every member of the staff ; for on these factors depends the successful march of continued progress.

I have the honour to be,

Your obedient Servant,

J. V. A. SIMPSON.

**MEDICAL INSPECTION AND TREATMENT
OF THE
ELEMENTARY SCHOOL CHILDREN
1936.**

*The School Medical Officer,
Torquay.*

SIR,

I have the honour to submit the TWENTY-NINTH ANNUAL REPORT on the Medical Inspection and Treatment of the Elementary School Children.

I. Staff.

During the year there have been several changes in the personnel. On the retirement in October of Dr. T. Dunlop from the post of School Medical Officer, Dr. J. V. A. Simpson was promoted to this office, the vacancy thus created being filled by Dr. L. G. Anderson, Assistant County Medical Officer for Essex. Mr. Norman Harris was appointed School Dental Surgeon, as from 1st March, 1936, to fill the position left vacant by the death of the late Mr. A. MacDonald.

Miss I. P. Randolph, who was previously a whole-time Health Visitor was appointed to undertake half-time duties in the School Medical Service in September; whilst Miss V. Fursdon was appointed half-time clerk to this department, both of these being additional appointments.

II. Co-ordination.

The arrangements for the co-ordination of the work of the School Medical Service with that of the Health Department are very complete and considerable advantages accrue from such a satisfactory state. The clinic facilities are available for the pre-school child; many minor ailment cases were treated at the Clinic and 193 babies and young children made 457 attendances.

The Ophthalmic, the Orthopædic and the School Dental Services also are available for the pre-school child.

It is through the kind co-operation of the Education and the Maternity and Child Welfare Committees that this is possible, and I am convinced that it affords a striking testimony to the efficiency of co-ordinated effort—such as is by no means always attained—with obvious benefit to the child.

III. The School Medical Service in relation to Public Elementary Schools.

During the past few years quite a considerable amount of excellent improvements have been carried out at the various schools; and this, together with the new schools recently built, has been the means of raising the standard of school buildings to a more satisfactory level.

In December the foundation stone of the Audley Park School was laid. This school is designed for the education of 480 senior boys and 480 senior girls, and when completed will include all the latest developments and improvements in modern school buildings.

MEALS.—Arrangements for warming up meals brought to school by the children and the service of meals are in satisfactory operation at several schools—Homelands Central, Upton, Westhill, St. Marychurch, Tor, Priory R.C., Barton—where a number of children stay for dinner. The necessary provision is made of means for warming up the food, and as a rule individual tables are laid; and advantage is taken by those teachers who also remain to supervise the children and ensure a proper regulation of the whole meal so as to make it of definite educative value.

In addition, in certain of the Junior Departments a rest is included after the dinner for the younger children; and this is of considerable importance in maintaining health.

IV. Medical Inspection.

Routine medical inspection and the inspection of special children brought forward by the Head Teachers are carried out in the school premises, and owing to limited accommodation in certain schools, at the St. Marychurch Town Hall and at the school clinic. An inspection clinic is held on four mornings at the school clinic, and to this the children are referred by the school nurse, teachers, school attendance officers and parents.

(a) *Age Groups.*

Three groups of children were inspected during the year, viz. :—entrants, children between eight and ten years of age, together with children between twelve and thirteen years of age and all who had not been examined after reaching the age of twelve. A number of other ages who were presented for various reasons were also examined as 'codes.'

The total number of children examined during the past year was 1463 as compared with 1492 in the previous year.

(The statistical particulars are to be found in Table I. at the end of the report).

(b) *Extent to which the Board's Schedule of Medical Inspection has not been followed and the reason for such departure.*

The Board's schedule of Medical Inspection has been followed.

(c) *Steps taken to secure the early ascertainment of crippling defects.*

All children who are suffering from chronic illness or who are away from school for three months are examined by the Medical Officer at the Inspection Clinic at least once a year and many of these children are seen each month. A record is kept of their defects from which a list of all crippled children not in attendance at school was made.

The total number of crippled children in Torquay is 43. Of these, 7 were due to tuberculosis, 8 to infantile paralysis, 4 to rickets, 15 to congenital deformity and trauma, 8 to cardiac disease and one to epilepsy. It should be understood that only very severe cases of cardiac disease are counted as cripples.

Of the 43 cases, 35 were in attendance at the open-air school or the ordinary elementary schools, and 8 were considered to be unfit for school at present.

(d) *Statement showing the extent to which disturbances of school arrangements was involved by the inspections.*

Each child when inspected is withdrawn from school for about half-an-hour, and when re-inspected for not more than a few minutes.

V. Findings of Medical Inspection.

(a) *Nutrition.*

Of the 1463 children examined 205 (14.0%) had excellent nutrition, 1076 (73.5%) were of normal nutrition, 171 (11.6%) were slightly sub-normal, and 11 (0.7%) were of bad nutrition.

(b) *Uncleanliness.*

Definite cases of uncleanliness of the head numbered 16 (1.0%) and 7 (0.4%) children showed evidence of flea bites.

(c) *Minor Ailments and Diseases of the Skin.*

There were 12 cases of skin disease found on routine inspection, all of which were referred for treatment. In addition, 209 special cases were referred for treatment.

Among the special cases, 999 were referred for treatment as minor ailments.

(d) *Visual Defects and External Eye Disease.*

Of the routine cases 45 children with defective vision were referred for treatment, and 7 kept under observation; while 53 special cases were referred for treatment.

Eight cases of external eye disease were found on routine inspection. All of these and 120 special cases were referred for treatment.

(e) *Nose and Throat Defects.*

On routine inspection 122 children were found to have slight defect of nose and throat, but these were not sufficiently serious to require treatment. In addition there were 113 cases referred for treatment: these included 30 cases of enlarged tonsils only, 4 of adenoids only, 75 of enlarged tonsils and adenoids, and 4 of other nose and throat defects. There were 18 special cases of enlarged tonsils only, 6 of adenoids only, and 24 of enlarged tonsils and adenoids, all being referred for treatment except one case which was kept under observation. And 299 special cases of acute tonsillitis, etc., were referred for treatment.

(f) *Ear Disease and Defective Hearing.*

Four cases of defective hearing were discovered on routine inspection and were referred for treatment. In addition seven cases of defective hearing were treated as specials; and 38 cases of otitis media and 36 cases of other ear defects referred for treatment as specials.

(g) *Dental Defects.*

In the course of routine inspection 584 children (39%) were found with from one to four carious teeth, and 176 (12%) had more than five teeth defective. Of these 43 were referred for immediate treatment.

Further details of the dental defects are found in the Report of the Dental Department on Page 29.

(h) *Orthopædic and Postural Defects.*

Five cases of rickets were found, and 16 children were found, on routine inspection, with pigeon chests, slight spinal curvature and other postural defects. In all of these, treatment was necessary. Seven cases of rickets were found in the special cases, and 12 of other postural defects.

(i) *Heart Disease and Rheumatism.*

Five cases of organic heart disease were referred for treatment; and four functional cases were found, being referred for treatment. One special case was also referred for treatment.

(j) *Tuberculosis.*

10 cases of suspected phthisis were discovered, and there were no cases of non-pulmonary tuberculosis. In addition, ten cases of suspected phthisis were treated as specials.

(k) *Other Defects and Diseases.*

23 cases of other defects were referred for treatment and 12 kept under observation: among these were cases of hernia, old injuries, general debility, acidosis, etc.

VI. Following-up.

Review of the arrangements for the following-up of children suffering from physical defects, including a summary of the work undertaken by the Nurses.

Children who are found to be suffering from defects requiring treatment are notified to the parents at the time of inspection, and all cases, whether for treatment or observation are entered on special defect cards and so automatically come up for re-examination at the next visit of the Medical Officer. In addition, defective children are re-examined by the Medical Officer two months after the original examination. If no treatment has been carried out, the second notice is sent and the Nurse visits the parents and impresses on them the importance of securing treatment. This is usually sufficient, and few cases escape the proper therapeutic or remedial measures.

Frequently, if the parent is not present at the first examination, the Nurse visits the home immediately afterwards to explain the treatment, as it is found that a few explanatory words will secure what the forms (to many parents a mere unconvincing statement of facts) fail to do.

In addition, the School Nurse attends school medical inspections, approximately three sessions a week, and minor ailments clinics six half days: and she is present with the Ophthalmic Surgeon at the eye clinic on Thursday afternoons.

During 1936 the School Nurse paid 54 visits to schools, and examined 6205 children, finding 102 unclean; and she also paid 722 visits to homes.

The additional Nurse who is giving half-time to school work attends the new minor ailments clinic at Barton every morning except Wednesday.

VII. Medical Treatment.

The treatment of minor ailments (External Eye Disease, Skin Disease, Otorrhœa, Septic Sores, Cuts and Burns), is carried out at the School Clinic at 15, Castle Road. The Medical Department is open for treatment on Tuesday, Wednesday, Thursday, and Saturday mornings, and on Monday and Friday afternoons (when the Nurse only attends).

In September the new Barton School Clinic was opened and became available for the medical and dental treatment of the children in that area. The Minor Ailment Clinic there is held every morning except on Wednesdays, while the Dental Surgeon attends on Monday afternoons.

The building is designed and equipped on the most modern principles for school clinics and greatly simplifies the management of such departments. Being in the neighbourhood of the new housing estates it is proving invaluable to many children in this area.

The following are the clinic totals for the year :—

	No. of Cases	No. of Attendances
Medical Examinations	1995	3335
Dressings, Treatments, &c.	2481	9847

(a) *Malnutrition.*

Cases of Malnutrition are sent to the Open-Air School, where the effect on the nutrition of the children is consistently excellent. The proper diet, adequate rest, the stimulating effect of the air on metabolism, the full amount of sunshine, all play a part in bringing about the good results.

(b) *Minor Ailments and Injuries.*

1147 cases were treated for septic sores, cuts, chilblains, and similar things. It is true that many of the defects are comparatively slight, but adequate treatment is none the less necessary to prevent more serious complications; and this goes far to reduce absence at school by treating the *early* stages of the trouble.

(c) *Skin Disease.*

254 cases of skin disease, as compared with 205 last year, were treated at the clinic.

Ringworm cases numbered 5, all being cases affecting the body only. No case of ringworm of the scalp was reported, and as a rule these scalp cases (when they arise) are treated by drugs as apart from X-rays; but arrangements are made with the Torbay Hospital to supply this latter treatment if it is considered necessary.

Eleven cases of scabies were treated at the clinic.

(d) *Visual defects and External Eye Disease.*

193 cases of defective vision were treated during the year at the Clinic, and 144 have obtained glasses out of 146 for whom spectacles were prescribed. Seven cases received private treatment and obtained glasses. 25 other defects were dealt with at the Eye Clinic.

147 cases of minor eye defects received Clinic treatment during the year, compared with 112 last year.

For further details, reference may be made to the report of the School Ophthalmic Surgeon on page 28.

(e) *Nose and Throat Defects.*

The Scheme for the operative treatment of enlarged tonsils and adenoids has been continued.

During 1936, 72 cases have been operated on at the Hospital, while nine were operated on privately. Of the 72 treated under the Authority's scheme, 33 were cases of enlarged or septic tonsils only, two were cases of adenoids only, and 37 were cases of enlarged tonsils and adenoids. The nine dealt with privately included four cases of enlarged or septic tonsils, and five of enlarged tonsils and adenoids.

After operation all cases are seen by the Medical Officer, and instructions given for breathing exercises and other necessary points ; and some other cases are kept under continual observation until the anæmic and debilitated condition, brought about by the tonsils and adenoids before removal, is quite restored to normal.

(f) *Ear Disease and Hearing.*

The number of ear defects treated was 97, of which 38 were cases of otorrhœa (discharging ears).

(g) *Dental Defects.*

For the treatment of these defects reference may be made to the report of the School Dental Department on page 29.

(h) *Orthopædic Defects.*

During the year, the full and comprehensive Orthopædic Scheme for the whole County of Devon has been in operation ; this Scheme, the Devonian Association for Cripples' Aid, has a central Hospital near Exeter, and Torquay is one of the

areas in which a special Clinic is held. The Barton School Clinic is used as the local orthopædic centre each Wednesday, and the Surgeon, Mr. Norman Capener, F.R.C.S., visits the clinic twice a month.

In 1936, some 81 Torquay school children have been receiving treatment under this scheme; and the following are the conditions treated:—

Infantile paralysis	12
Talipes	4
Genu Valgum	12
Pes Planus	14
Rickets	3
Torticollis	1
Tuberculous bone or joint disease ...	5
Other diseases or injuries of bones ...	10
Old Hemiplegia	6
Hallux Valgus	—
Kyphosis and Scoliosis	5
Other Conditions	9

During the year seven cases were treated in the Orthopædic Hospitals, and 16 cases were discharged cured from the Orthopædic Clinic.

It is very gratifying to feel that the cases are under continuous supervision and expert care; and acknowledgment is made with much gratitude for the excellent help and hearty co-operation of Mr. Norman Capener, the Surgeon, to whose outstanding skill and unbounded enthusiasm such first-class results are due. With these orthopædic organisations now firmly established, it can at last be felt that substantial progress is being made towards the great goal—*A nation free from deformity.*

(i) *Heart Disease.*

Most of the cases of heart disease are treated at the Open-Air School, where very encouraging results have been obtained. Details of this were given in the Annual Report for 1925.

(j) *Tuberculosis.*

All cases of definite or suspected tuberculosis are referred to the County Tuberculosis Officer for his opinion, advice and subsequent observation, if required.

The Tuberculosis Officer supplies the names of all children found to be living in houses where there is a recognised case of phthisis, and all such children are entered on special cards for observation ; 89 children in this category were examined from time to time during the year.

SUMMARY OF WORK AT CASTLE ROAD SCHOOL CLINIC
DURING 1936.

Disease or Defect	Medical Exams.		Dressings, etc.	
	Individ- ual cases	Visits	Individ- ual cases	Visits
Uncleanliness—Head	3	15	8	9
Skin—Ringworm	5	9	7	27
Scabies	11	26	3	3
Impetigo	72	109	216	573
Others (non-tuberculous)...	113	236	140	548
Defective Eye Conditions ...	161	228	158	811
Defective Hearing	5	15	3	9
Otitis Media	37	50	45	431
Enlarged Tonsils and Adenoids ...	46	214	—	—
Tonsillitis, etc.	296	478	100	146
Enlarged Cervical Glands ...	64	121	28	45
Heart Disease and Anæmia ...	20	53	—	—
Lungs—Bronchitis	121	194	—	—
Others (non-tuberculous)	—	—	—	—
Tuberculosis—Pulmonary ...	—	—	—	—
Definite	—	—	—	—
Suspected	10	13	—	—
Non-Pulmonary	—	—	—	—
Nervous System	2	9	—	—
Rickets	7	13	—	—
Deformities	12	23	—	—
Minor Injuries and Septic Sores	262	353	1091	3720
Infectious Diseases	208	369	40	43
Miscellaneous	539	814	123	143
Amblyoscope Exercises	—	—	29	743
Preparation for Refraction ...	—	—	26	103
Total	1995	3333	2017	7354

SUMMARY OF WORK AT BARTON SCHOOL CLINIC
FROM SEPTEMBER, 1936.

Disease or Defect			Individual Cases	Visits
Uncleanliness	...	...	3	9
Impetigo	...	...	12	55
Other Skin Diseases	...	...	49	428
Defective Eye Conditions	...	...	36	137
Otitis Media	...	...	17	102
Tonsillitis	...	...	36	71
Enlarged Cervical Glands	...	...	4	4
Minor Injuries and Septic Sores	...	...	267	1624
Infectious Disease	...	...	1	1
Miscellaneous	...	...	39	62
Total	...	...	464	2493

VIII. Infectious Disease.

With a view to the earliest possible recognition of infectious diseases the teachers are asked to report to the Medical Officer when any suspicious case is found. The teachers are now well acquainted with the initial symptoms and prodroma of the commoner illnesses of childhood, and consequently are very prompt in sending word to the Health Department. All cases of sore throat are sent to the Clinic and many suspicious throats are swabbed; and 299 such cases were seen at the Clinic.

Sporadic cases of diphtheria occurred throughout the year; 12 cases were notified and there was one death.

Scarlet fever showed an irregular and rather widespread incidence of the disease; fortunately the type remained mild clinically, and there was no death. In all there were 81 notifications among school children.

Vaccination. A careful record was made of all children showing evidence of successful vaccination; of the 1463 children examined 555 (38%) had satisfactory marks.

IX. Open-Air Education.

A review of the arrangements for open-air education (other than in certified open-air schools), e.g., by means of (a) playground classes, (b) open-air classrooms in public elementary schools, (c) school-journeys and camps.

Reference is made under Section XIII. to the work of the certified day open-air school, as requested in the new arrangements for the Annual Reports suggested by the Board.

In certain ordinary elementary schools playground classes are held when conditions are favourable ; and in the new schools, like Westhill and Barton, the construction on the "Derbyshire Plan" allows two opposing sides of each classroom to be thrown right open, or opened as is required under varying weather conditions. These schools give excellent ventilation and air-movement as measured by the Kata-thermometer.

X. Physical Training.

Up to the present there has been no organiser of physical training, but a scheme is now being prepared to appoint organisers of physical training in the County of Devon, and two of these organisers (one man and one woman) will devote part of their time to the supervision of this work in Torquay.

Mr. F. S. Rookes, Hon. Secretary of the Schools' Athletic Association, has kindly supplied me with the following details : —

"The Torquay Schools' Athletic Association can look back on 1936 as a year of hard, intensive work, in which the results obtained more than justified the time given and the unsparing efforts of the teachers.

Our playing field at Windmill Hill has been used more regularly than for many years past. A new programme of organised games periods has been drawn up and sent to all schools. This enables each School to use the playing field weekly instead of fortnightly.

The Torquay Schools' Annual Athletic Sports were held on 3rd July. A large and enthusiastic crowd of parents and friends witnessed some excellent contests.

The Torquay Schools' Cricket League was revived and the five senior schools in the town competed. Some excellent games were played, and altogether 86 boys participated during the season. Homelands Central School won the Championship, winning all their matches. Mr. Bird (Cricket Secretary) organised a Staff v. Scholars match at Windmill Hill. This venture proved very successful, and after an exciting encounter the Masters just managed to beat their pupils.

The association football pitch at Windmill Hill has been made full use of by the senior schools in the Torbay District Football League, while the junior boys have used the smaller pitch. The League fixtures are, of course, not completed yet.

More Rugby is being played in the schools of this district than ever before. The Mid-Devon Schools' Rugby Union is in a sound position, both financially and from a playing point of view. The Rugby pitch at Windmill Hill has proved a great asset.

Hockey and netball games have been played by the girls, and the former game seems at last to be coming into its own in the Elementary Schools.

The Board of Education's wishes regarding physical training are being enthusiastically complied with in this town and it is no uncommon thing to see massed classes of children performing activity exercises on Windmill Hill."

Mr. W. J. Slee, Hon. Secretary of the 'Torquay Schools' Swimming and Rowing Association, kindly reports fully as follows :—

"It is once again my privilege to put on record the activities of this Association for the past twelve months, and one is pleased to be able to report substantial progress in some directions.

Thanks to the continued support of our Education Committee, we have been enabled to continue the instructional lessons at the Baths on Mondays, from 4.45 to 6 p.m. Owing to the fact that both Homelands Central and St. Marychurch Schools wished to participate in the lessons this season, we had to arrange for three 25-minute periods on

Mondays and Tuesdays, and two on Fridays. Thus sixteen schools are now participating and we hope that Priory School will also be able to take a part next season so that every school will be represented.

As in past years two lessons are taken simultaneously, and boys and girls attend on alternate weeks, so that from May to October they each had ten lessons. Mr. Slee and Mr. Triance have been the boys' instructors and Miss Dunn and Miss Tiffany have taken the girls' classes, each fortnight respectively. In addition to these Miss E. Smith has conducted two courses of Life Saving Classes on Mondays and Tuesdays every week.

The number of Certificates issued last season is considerably less than last year, but we could scarcely hope to keep up such a high record as that. The season has been much colder and the attendances at the Baths have been more irregular than usual, and quite often less than the allotted ten children have been present, while for the month of September the Baths officials requested us to halve the size of classes and sought to keep up the attendance of the public. We are very pleased to report 24 Life Saving successes.

Herewith is a summary of the numbers issued up to Oct. 31st, 1936 :—

	Width	Length	Two Lengths	Three Lengths	Back	Diving	Life Saving Elem. Inter.		Totals
Boys	79	39	23	11	13	25	4	5	199
Girls	68	47	19	15	17	21	6	9	202
	<u>147</u>	<u>86</u>	<u>42</u>	<u>26</u>	<u>30</u>	<u>46</u>	<u>10</u>	<u>14</u>	<u>401</u>
	—	—	—	—	—	—	—	—	—

You will also be pleased to hear that some of our teachers have responded to a circular issued on the 17th March and came forward to take a course of training as instructors under Miss E. Smith, and this class was held on Tuesdays after the children's classes, from 6 to 7 p.m. In the Examinations in May and June all the candidates passed, and this effort has greatly added to the general interest and efficiency of the Instructors.

The usual Swimming Galas have been held again this year. Upton and Ellacombe each had their own very successful functions at the Baths in the Spring. The Junior

Schools had their competition in July and the boys of Torwood gained the Byrne Trophy, and the girls of Cockington took the Warneford Cup for 1936. After the summer holidays Westhill Junior School had a very enjoyable Gala, and this was soon followed by the great Annual Event of all the Schools on Oct. 21st. At this Gala, Upton girls won the Sermon Challenge Shield and Ellacombe boys secured the Leander Shield for team events. This Gala proved to be the keenest, and from all standpoints, the most successful Gala we have yet held.

It is again our pleasure in this report to acknowledge our sincere thanks to Alderman Darke Bennett for the two handsome cups he has presented to us for competition in the Championship Events at the Annual October Galas. Further than this he has also presented two other trophies for Life Saving. These are offered to teams of four boys and four girls respectively, for the most proficient Life Saving Team; the examination to take place annually on the first Wednesday in June.

We are very pleased to say that the Tuesday evening Children's Hour is continuing to be most popular and profitable. On almost every meeting I have issued several Certificates, which are now counting towards the competition for the d'Espiney Shields which were so kindly presented twelve months ago.

Our Committee and officers have been very active this year in bringing before the Education Authority the great need for including the subject of swimming in the curriculum as part of the scheme of Physical Education.

We wish to point out quite emphatically that our project is not merely to teach the art of swimming, but to stress that the exercise of swimming and water sports generally is a health giving recreation, and should be a regular weekly part of the physical instruction of every child in the Borough who is physically able to profit thereby.

To all the officials at the Corporation Baths, to the officers of the Torquay Leander and the Oddicombe Swimming Clubs, and to all our colleagues in Committee who have on every occasion proved so helpful, we extend our heartiest and most cordial thanks."

Rowing.

"There has again been the usual keen interest in the Rowing classes at the Haldon Pier during the summer of 1936, and while both the instructors (members of the Torquay Rowing Club) and the boys in training have been very enthusiastic, there has been one great disadvantage, and that is the long waiting time for a turn in the boats. If only a few more boats were available, or could be provided, the boys and the teachers in charge of them would not have such a wearisome wait and waste of time on the quay for their turn to row. The results at the Regatta were:—1 Westhill ; 2 Upton (a) ; 3 Upton (b).

There is no doubt that this exercise is proving a very valuable one for the elder boys, and not only develops them physically, but also prepares them as useful emergency life-savers in the skilful management of a small boat.

Again we thank all who have assisted us in this branch of training and especially to the Torquay Rowing Club, without whose assistance we could not possibly continue."

XI. Provision of Meals.

Meals are supplied, as has been described, at the Open-Air School (at a very nominal cost, according to circumstances of the case).

The scheme for the provision of milk for school children under the National Milk Publicity Council has continued, and about 2040 children take advantage of the arrangements. Provision has been made for 120 children, certified by the Medical Officer under Section 84 of the Education Act, 1921, to receive the milk free.

All milk supplied is pasteurised and is approved by the Medical Officer of Health, who arranges for frequent analysis to be made. There is no doubt that the addition of an allowance of milk each day to children will considerably improve their health, and research has fully confirmed this; but, from the physician's point of view, it is rather to be regretted that the milk could not be given at meal-times, as milk is a food. It is not easy to reconcile the mid-morning milk with the teaching of those of us who are physicians to Infant Welfare Centres—or indeed with the physiology of digestion.

Perhaps these disadvantages will be offset by the educational value of the parents and children (who are the future parents) becoming "milk-minded," with the result that the value of milk will be more appreciated and that more milk will be utilised—for as a nation we have fallen far short of the desired amount per person. And having made the public realise the importance of milk in the diet of the young, we may finally get the diet arranged on the best physiological lines, as the crowning achievement which is greatly desired.

XII. Co-operation of Parents.

Parents are especially requested to be present at the examination of their children, and in the past year 803 (55% of the scholars examined) were accompanied by parent or guardian. Nearly every case coming to the clinic is attended by a parent; and where a parent is unable to come, it is by no means infrequent to find a neighbour coming so as to take back to the parent all the necessary information. This is very gratifying.

Co-operation of Teachers, School Attendance Officers and Voluntary Bodies.

The co-operation of all three sections is greatly appreciated by the Medical Department: the help of the teachers is a great assistance to the successful work of the School Medical Service, and the extra time and labour involved by the inspection and treatment of the children are most willingly undertaken.

Many cases of prolonged absence due to illness are reported by school attendance officers to the medical department and this is frequently the means of ensuring early and adequate treatment. The N.S.P.C.C. gives most valuable help through the local inspector (Mr. E. A. Vince), who calls at the clinic every week, and is always ready to investigate and supervise any cases of neglect or ill-treatment.

The King Edward Cot League (by its voluntary collections among the children), to which reference has been made in previous reports, continues to be of great assistance. The grant of £15 to the Rosehill Children's Hospital has been

continued, and has enabled several cases to have prolonged and adequate treatment. Furthermore, there was a grant of £20 for sending cases to Convalescent Homes: four children during 1936 derived tremendous benefit from this generous provision which has proved of inestimable value. All this considerable help is acknowledged with much gratitude.

XIII. Blind, Deaf, Defective and Epileptic Children.

- (a) *Review of the methods adopted for ascertaining and dealing with children who are defective within the meaning of Part V. of the Education Act, 1921, and of the adequacy of such methods.*

The Head Teachers, School Attendance Officers, School Nurse, parents and voluntary bodies bring to the notice of the Medical Officer any case thought to be specially defective under this heading, while the Health Visitors bring information of children under school age, so that they can be dealt with at the earliest opportunity.

- (b) *Statement of the arrangements made for the supervision of mentally defective children not in Special Schools.*

Every effort is made to try and get each mentally defective child to a special school; unfortunately the residential schools are full, and several of our cases have been awaiting vacancies for a considerable time. All mentally defective children not in special schools are kept under observation by the Medical Officer who sees them regularly; and the homes are visited by the School Nurse at frequent intervals. Some of these children attend the Occupation Centre, while others are retained at the ordinary schools. After they pass out of the school medical survey, the Devon Voluntary Association for Mental Welfare supervises the cases.

The Occupation Centre under the very able supervision of Mrs. W. Ball has continued its excellent work; the arrangements are the same and the mid-day dinner sent from the Open-Air School is a helpful and satisfactory feature. Approximately 16 or 18 children are on the roll, and include

about 10 low-grade mentally defective cases under the Torquay Education Authority—children either awaiting a vacancy in a residential school or being unsuitable for retention in the ordinary school.

Considering the nature of their defect, the progress of some of these children has been remarkable ; and great credit is due to the untiring patience and skill of Mrs. Ball who has the most fortunate way of obtaining the best response in each individual child.

It should be emphasised that this Centre is administered by the County Council, and is not under the jurisdiction of the Torquay Education Authority ; but the details are given rather fully as a number of our cases attend there.

It is yet another notable advance towards attaining the complete scheme, for which we have been striving over a number of years, when the claims of the mentally defective children will be fully acknowledged and met ; and we are grateful to those local members of the County Council who have shown such interest in promoting the inauguration of this Centre.

- (c) *General review of the work of the Authority's Special Schools during the year, including a statement of the arrangements made for after-care, and a summary of the records of the after-careers of the children.*

The year at the Open-Air School has been one of steady and most satisfactory work ; and the striking results which were obtained are in a great measure due to the untiring zeal and enthusiasm of the whole staff, who do everything possible for the benefit of each individual child. It is not easy to over-estimate the good which is done by this school : and the value of the work is even more precious in times of economic depression.

The children in attendance are suffering from the following diseases or conditions :—

- i. General debility, anæmia, insufficient or incorrect feeding, etc.
- ii. "Pretuberculous": contacts of phthisical cases.
- iii. Surgical tuberculosis (quiescent).
- iv. Crippling conditions (non-tuberculous); old infantile paralysis.
- v. Heart disease, chorea.
- vi. External eye disease.

After the children are returned to their ordinary schools, they are kept under special observation by the Medical Officer to ensure that their improved condition does not relapse.

There are no special schools in Torquay for the blind, deaf, mentally defective, and epileptic children.

XIV. Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

There is no provision for this in Torquay.

XV. Nursery Schools.

There are no nursery schools at present in this area.

XVI. Secondary Schools.

The work of the School Medical Service in the Torquay Grammar Schools is detailed in a separate Report.

XVII. Parents' Payments.

In the Authority's most recent scheme for the operative treatment of Nose and Throat Defects started in April, 1929, the Authority pays the Hospital an agreed charge per case and recovers part of the cost from parents (except those in necessitous circumstances) who are not in the Hospital Contributory Scheme; the Hospital refunds part of the charge in the case of members of the Contributory Scheme.

In the Orthopædic Scheme and at the Open-Air School, the Authority's Committee fixes the charge for each case after considering the usual statement of economic conditions from the parent. In the Dental Scheme, a scale of charges has been adopted, but is not enforced. And no charge is made for minor ailment treatments, although a box for voluntary contributions is placed in the waiting room; during 1936 the amount collected was £2 2s. 3d. In certain cases where parents are unable to provide the necessary treatment, assistance was given by the provision of Cod-liver Oil Emulsion or Malt, etc. 49 cases received this free of cost, while 136 paid part or whole cost, in all £9 17s. 0d.

The whole question of parents' payments, with special reference to local conditions, was the subject of a detailed report to the Board of Education in June, 1933.

I have the honour to be,

Sir,

Your obedient Servant,

L. G. ANDERSON,

Assistant Medical Officer.

REPORT OF THE OPHTHALMIC SURGEON.

*The School Medical Officer,
Torquay.*

SIR,

I have the honour to submit the Report for 1936 on the work of this department, which has been carried out with good results during the year; 359 children made 1187 attendances at the Ophthalmic Clinic.

The arrangements are as before, and the volume of work, which is steadily maintained, shows that the facilities afforded are appreciated and fully utilised.

Fusion training and stimulation of amblyopic eyes have been continued with the squint cases; these exercises are carried out on regular days under the able supervision of the School Nurse. 29 of these cases made 743 attendances.

It is gratifying to know that a scheme has recently been sanctioned and will soon be in operation whereby the most recent methods of orthoptic training will be available for the squint cases; and it is also gratifying to know that pre-school cases are to be included because the value of early and continuous treatment in this defect is of overwhelming importance.

The extension of the work in these directions will prove invaluable to many children.

I have the honour to be,

Sir,

Your obedient Servant,

J. MASTERTON THOMSON.

REPORT OF THE SCHOOL DENTAL SURGEON.

The School Medical Officer,

Torquay.

SIR,

I have the honour to present the Report for the year 1936, as from March 1st., on the Dental Inspection and Treatment of children attending the Elementary Schools.

INSPECTIONS. 15 sessions were devoted to nine schools for the purpose of Inspection. Homelands Open Air School was inspected twice, these children receiving dental treatment every six months.

The statistical table appended, as required by the Board of Education, shows the number of children inspected in their respective age groups, the number of routine inspections at school being 1448. In addition 834 cases were inspected at the Clinic as "specials," the total number, therefore, being 2282. 1893 children (83.0 per cent) were found to require treatment, and the parents were notified as to the nature of that treatment.

Of the cases requiring treatment 1614 (85.3 per cent) were treated at the Clinic, in 156 instances (8.24 per cent) parents intimated that private treatment would be obtained, in 44 cases (2.2 per cent) parents objected to treatment, 50 parents (2.6 per cent) did not return their notices, whilst 29 (1.7 per cent) children did not attend at the Clinic when appointments were made.

The high percentage of children who sought treatment at the Clinic is most gratifying, clearly demonstrating that the School Dental Service is much appreciated. The apparently high number of "Special" attendances may be accounted for by the fact that over three months elapsed between the death of my predecessor and my appointment. During this period much work accumulated, and this work had to be completed before routine treatment could be commenced. Another

factor contributing to the high number of "specials" is that many of the smaller children attend the Clinic to have very loose temporary teeth extracted. As these young children are continually shedding their temporary teeth, they may attend the Clinic several times as "specials" during the year.

Despite the high percentage of treatments, one encounters far too many cases of apathy on the part of the parents, principally in connection with objectors to fillings. In these cases parents frequently state that they will have their children's teeth filled privately, whilst at the next inspection it is found that no such treatment has, in fact, been obtained. Teeth that could, if treated, be restored satisfactorily, are allowed to decay, until the child eventually attends the clinic as a "special," requesting extraction. In all these cases, a personal letter is sent to the parent, pointing out the importance of conserving the teeth, in the interests of the child's health, and also emphasising the fact that the extraction will only be performed on condition that the parent will sign an agreement that in future no obstacle will be raised against proposed conservative work.

In almost every case where this letter has been written, the parents have agreed to these conditions.

During inspections, it is found in all too many cases that the toothbrush is a neglected factor. These children are advised regarding the hygiene of the mouth, and are told that their teeth will be cleaned and polished for them on one condition only, that they give their promise to clean them daily in future. Subsequent inspection seems to show that at all events, a considerable number keep their promise.

TREATMENT. The number of fillings inserted in permanent teeth was 1262, and the number of permanent teeth extracted was 387. The large number of permanent extractions is accounted for by the fact that it had hitherto been the custom to leave unsavable teeth until they ached before removal, consequently many teeth that would have been better removed years ago have now been extracted. In future, when extraction of teeth is obviously necessary, they will be removed without delay, since this invariably leads to sepsis, and renders extraction more difficult.

A large number of extractions have been performed with nitrous oxide (gas) anæsthesia, the Assistant School Medical Officer having administered 276 anæsthetics for extractions. All teeth that are in any way septic are removed with nitrous oxide, as it renders the child completely insensitive to pain, and also ensures that no systemic disturbance shall ensue, such as might occur with local anæsthesia.

BARTON CLINIC. During the year the new Clinic has been opened at Barton, and a very adequately equipped dental surgery has been installed. The large number of attendances there indicates the appreciation by the parents and children of this splendid building in such a thickly populated area.

I wish to express my sincere thanks to Head Teachers and their Staffs for their very real help at inspections, and in arranging that the children keep their appointments punctually. I am grateful also for the co-operation of all the members of the Clinic Staff, and particularly to the Dental Assistant, who has rendered the most invaluable help during the year.

I have the honour to be,

Sir,

Your obedient Servant,

NORMAN HARRIS,

Dental Officer.

XXI. STATISTICAL TABLES.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTION.

Number of Inspections in the prescribed Groups—

Entrants	525
Second Age Group	451
Third Age Group	429
Total	1405
Number of other Routine Inspections	58
Grand Total	1463

B.—OTHER INSPECTIONS.

Number of Special Inspections	1995
Number of Re-inspections	3589
Total	5584

TABLE I.—*continued*

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

NUMBER OF *individual children* FOUND AT *Routine Medical Inspection* TO REQUIRE TREATMENT (EXCLUDING NUTRITION, UNCLEANLINESS AND DENTAL DISEASES).

NOTE.—No individual child should be counted more than once in any column of this Table; for example, a child suffering from defective vision and from adenoids should appear once in Column 2, once in Column 3 and *only once* in Column 4. Similarly a child suffering from two defects other than defective vision should appear once in Column 3 and once in Column 4.

Group	For defective vision (excluding squint)	For all other conditions recorded in Table II A.	Total
(1)	(2)	(3)	(4)
Entrants	2	92	93
Second Age Group ...	20	78	94
Third Age Group ...	14	38	49
Total (Prescribed Groups)	36	208	236
Other Routine Inspections	2	6	8
Grand Total	38	214	244

TABLE II.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1936.

DEFECT OR DISEASE				Routine Inspections : No. of Defects		Specials No of Defects	
				Requiring Treatment.	Requiring to be kept under ob- servation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under ob- servation, but not requiring Treatment.
(1)				(2)	(3)	(4)	(5)
SKIN	..	Ringworm—					
		Scalp	.. ..	—	—	—	—
		Body	.. ..	—	—	5	—
		Scabies	.. ..	—	—	13	—
		Impetigo	.. ..	3	—	72	—
Other Diseases (Non-Tuberculous)				9	—	119	—
EYE	..	Blepharitis		2	—	13	—
		Conjunctivitis		2	—	60	—
		Keratitis ..		—	—	—	—
		Corneal Opacities		1	—	—	—
		Other Conditions (excluding Defective Vision & Squint)		3	—	47	—
		Defective Vision (excluding Squint)		38	6	41	—
		Squint		7	1	12	—
EAR	..	Defective Hearing		4	—	7	—
		Otitis Media		3	—	38	—
		Other Ear Diseases		—	—	36	—
NOSE AND THROAT		Chronic Tonsillitis only		30	98	18	—
		Adenoids only		4	—	5	1
		Chronic Tonsillitis and Adenoids		75	23	24	—
		Other Conditions		4	1	299	—
ENLARGED CERVICAL GLANDS (Non-Tuberculous)				3	5	64	—
DEFECTIVE SPEECH				2	—	3	—

TABLE II.—*continued.*

(1)				(2)	(3)	(4)	(5)
HEART AND CIRCULATION							
{ Heart Disease—							
{ Organic				5	—	—	—
{ Functional				4	—	1	—
{ Anæmia				19	—	20	—
LUNGS .. { Bronchitis				7	—	121	—
{ Other Non-Tuberculous Diseases				3	—	1	—
TUBER- CULOSIS { Pulmonary—							
{ Definite				—	—	—	—
{ Suspected				7	3	10	1
{ Non-Pulmonary—							
{ Glands				—	—	—	—
{ Bones and Joints				—	—	—	—
{ Skin				—	—	—	—
{ Other Forms				—	—	—	—
NERVOUS SYSTEM { Epilepsy				—	—	1	—
{ Chorea				—	—	—	—
{ Other Conditions				2	—	1	1
DEFOR- MITIES { Rickets				5	—	7	—
{ Spinal Curvature				5	—	2	—
{ Other Forms				11	—	10	—
Other Defects and Diseases (excluding Un- cleanliness and Dental Diseases) ..				23	12	999	3
Total				281	150	2049	6

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE *Routine* AGE GROUPS.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	525	54	10.2	396	75.4	68	12.9	7	1.3
Second Age-group	451	68	15.0	316	70.0	65	14.4	2	0.4
Third Age-group	429	74	17.2	326	75.9	29	6.7	0	0.0
Other Routine Inspections	58	9	15.5	38	65.5	9	15.5	2	3.4
Total ..	1463	205	14.0	1076	73.5	171	11.6	11	0.7

TABLE III.

Return of all Exceptional Children in the Area

BLIND CHILDREN

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." The definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially blind children. Only the first class should be included in this section.

At Certified Schools for the Blind	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	—	1	—	1

PARTIALLY SIGHTED CHILDREN

Enter in this Section only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	1	—	—	1

DEAF CHILDREN

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	—	—	—

TABLE III.—*continued.*

PARTIALLY DEAF CHILDREN

Enter in this Section children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	—	—	—	Nil

MENTALLY DEFECTIVE CHILDREN

FEEBLE-MINDED CHILDREN

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	15	12	2	30

EPILEPTIC CHILDREN

CHILDREN SUFFERING FROM SEVERE EPILEPSY

In this part of the Table only those children should be included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	—	—	1	2

TABLE III.—*continued.*
PHYSICALLY DEFECTIVE CHILDREN

A TUBERCULOUS CHILDREN

Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculous Officer should not appear in the Table for the County but in the Table for the appropriate area.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere should be recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment should be recorded as delicate children provided the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS
(Including pleura and intra-thoracic glands).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	—	—	—	1

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS
(This category should include tuberculosis of all sites other than those shown I. above).

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
1	5	—	—	6

B DELICATE CHILDREN

This Section should be confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
80	2	—	3	85

TABLE III.—*continued*

C. CRIPPLED CHILDREN

This Section should be confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	14	—	5	21

D. CHILDREN WITH HEART DISEASE

This Section should be confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
3	4	—	1	8

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only required in respect of children suffering from any combination of the following types of defect:—

Blindness (excluding partially sighted children).
Deafness (excluding partially deaf children).
Mental Defect (Feeble-minded).
Severe Epilepsy.
Active Tuberculosis.
Crippling (as defined in Section C above).
Heart Disease.

The Number of Children suffering from any combination of the above defects	2
--	---

TABLE IV.

*Return of Defects treated during the Year ended
31st December, 1936.*

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
<i>Skin—</i>			
Ringworm—Scalp			
(i) X-Ray Treatment ...	—	—	—
(ii) Other ...	—	—	—
Ringworm—Body ...	5	—	5
Scabies ...	11	2	13
Impetigo ...	82	—	82
Other Skin Diseases ...	156	6	162
<i>Minor Eye Defects—</i>			
(External and other, but exclud- ing cases falling in Group II.)	147	3	150
<i>Minor Ear Defects ...</i>	97	—	97
<i>Miscellaneous—</i>			
(e.g., minor injuries, bruises, sores, chilblains, etc.) ...	1124	23	1147
Total ...	1622	34	1656

TABLE IV.—*continued.*

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint) ...	193	7	200
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ...	25	—	25
Total ...	218	7	225

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme	...	146
(b) Otherwise	...	7
		153

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme	...	144
(b) Otherwise	...	7
		151

TABLE IV.—*continued**Group III.—Treatment of Defects of Nose and Throat.*

	Number of Defects.				
	Received Operative Treatment			Received other forms of Treatment.	Total number treated.
	Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
	(1)	(2)	(3)	(4)	(5)
Tonsils only	33	4	37	—	81
Adenoids only	2	—	2	—	
Tonsils & Adenoids	37	5	42	—	
Other conditions	—	—	—	—	

Group IV.—Orthopaedic and Postural Defects

	Under the Authority's Scheme (1)			Otherwise (2)			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated	7	—	81	—	—	—	81

Group V.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5 ...	49	}	Total ... 1448
	6 ...	151		
	7 ...	167		
	8 ...	197		
	9 ...	181		
	10 ...	193		
	11 ...	218		
	12 ...	137		
	13 ...	124		
	14 ...	30		
	15 ...	1		

Specials 834

Grand Total 2282

(b) Found to require treatment 1893

(c) Actually treated 1614

(2) Half-days devoted to	...	{ Inspection ... 15	}	Total ... 266
		{ Treatment ... 251		
(3) Attendances made by children for treatment	...	...		2341
(4) Fillings	...	{ Permanent teeth 1262	}	Total ... 1291
		{ Temporary teeth 29		
(5) Extractions	...	{ Permanent teeth 387	}	Total ... 2544
		{ Temporary teeth 2157		
(6) Administrations of general anæsthetics for extractions	...	Total ...		276
(7) Other operations	...	{ Permanent teeth 733	}	Total ... 1229
		{ Temporary teeth 496		

Group V.—Uncleanliness and verminous conditions.

(i) Average number of visits per school made during the year by the School Nurse	...	...	3.6
(ii) Total number of examinations of children in the schools by School Nurse	...	...	6205
(iii) Number of individual children found unclean	...	...	102
(iv) Number of children cleansed under arrangements made by the Local Education Authority	...	...	Nil
(v) Number of cases in which legal proceedings were taken :			
(a) Under the Education Act, 1921	...	...	Nil
(b) Under the School Attendance By-laws	...	...	Nil

Table 1 - General Information

1. Number of children who were -
 a. reported by the parent;
 b. reported by the teacher;

2. Number of children who were -
 a. reported by the parent;
 b. reported by the teacher;

Age	Sex	Grade	Parent's Report	Teacher's Report
5	M	1	1	1
6	F	2	1	1
7	M	3	1	1
8	F	4	1	1
9	M	5	1	1
10	F	6	1	1
11	M	7	1	1
12	F	8	1	1
13	M	9	1	1
14	F	10	1	1
15	M	11	1	1
16	F	12	1	1

3. Number of children who were -
 a. reported by the parent;
 b. reported by the teacher;

4. Number of children who were -
 a. reported by the parent;
 b. reported by the teacher;

5. Number of children who were -
 a. reported by the parent;
 b. reported by the teacher;

6. Number of children who were -
 a. reported by the parent;
 b. reported by the teacher;

7. Number of children who were -
 a. reported by the parent;
 b. reported by the teacher;

NINETEENTH

ANNUAL REPORT

ON THE

Medical Inspection & Treatment

OF

TORQUAY

GRAMMAR SCHOOL

CHILDREN

1936

MEDICAL INSPECTION TORQUAY GRAMMAR SCHOOL, 1936.

The School Medical Officer,
Torquay.

SIR,

I have the honour to submit the Nineteenth Annual Report on the Medical Inspection and Treatment of the pupils at the Torquay Grammar School.

I. Introduction. School Buildings.

The Senior School is situated at the junction of Barton Road with Newton Road, and comprises a main block of buildings, used by the Boys' and Girls' Departments, with three sets of huts and rooms in a house on the grounds of the premises. The main block is of modern construction, with efficient lighting, heating and ventilation; but conditions of working in the huts leaves much to be desired.

Some helpful renovations and redecorations have been carried out, both in the house and in the huts; but with the increase in number of pupils the time has surely arrived when these obsolete premises should be replaced by buildings worthy of the School and its excellent work. It is satisfactory that the matter is receiving the attention of the Authority, and that a new Girls' School is being planned on a site which has been acquired in the Shiphay district.

The premises of the Preparatory Grammar School are at St. Mary's, which is a house standing in very pleasing grounds in close proximity to the senior departments. The house itself has administrative and other accommodation for the staff, and in the grounds there are five classrooms of modern design, in single storey, with adequate window space, excellent lighting and through cross-ventilation. In addition there are satisfactory staff-room and cloakroom accommodation, and a good playground: and the whole premises should be of great value, for the Preparatory School, after all, plays a most important part in every respect in preparing the children to benefit more effectively by the course which they are to pass in the Senior Department.

The general cleanliness and tidiness of all the premises have been, on the occasions on which I have visited the school, very good and entirely satisfactory.

II. Medical Inspection.

The arrangements for the examination of the pupils at this school are similar to those described for the elementary schools: each department (Boys', Girls' and Preparatory), and visited several times during the year and routine and special cases seen on each occasion. As was the case in 1935, an endeavour was made to examine all the pupils in actual attendance, and of about 700 on the roll, 543 were examined as routine cases compared with 583 inspected in 1935. This ensures that nearly every child is seen each year, and must be considered a highly satisfactory arrangement; 83 special cases were examined at the request of parents and teachers. The routine medical inspection consists of the usual full clinical examination.

Every attempt is made to secure the correct and adequate treatment for each defect, and the defective cases are frequently re-examined with this end in view; and during 1936, 439 re-examinations were made.

Excluding dental disease, 78 individual pupils had defects requiring treatment, as compared with 111 in 1935.

III. Findings of Medical Inspection.

(a) *Uncleanliness.* The standard of general cleanliness is quite good, and no case of uncleanliness was found in the examination of pupils. The general tone of the school and the personal appearance of the pupils are most satisfactory, and there is evidently a strong desire on the part of the scholars to avoid anything in their appearance or behaviour which would be detrimental to the school.

The *clothing* and footgear were without exception satisfactory in every way, and the uniformity of the type of clothes in both Boys' and Girls' Departments is doing much to foster the high tone which prevails.

(b) *Nutrition.* Out of the 543 pupils examined, 106 (19.5%) were of excellent nutrition, 383 (70.5%) were normal, and 54 (10%) were slightly sub-normal. There was no case of bad nutrition.

(c) *Tonsils and Adenoids.* 20 pupils were found to have markedly enlarged tonsils and adenoids; 8 were referred for treatment, and 12 for palliative measures and continued observation. There was one case of nasal catarrh.

In addition eleven special cases of nose and throat defects were referred for treatment. During the year, two cases were operated on for enlarged or septic tonsils, two were operated on for tonsils and adenoids.

(d) *Tuberculosis.* One suspected case of tuberculosis was discovered, and was referred for treatment.

(e) *Vision and External Eye Disease.* The pupils are all carefully tested, both for distant and near vision, and for evidence of colour blindness. 28 cases were found to have defective vision in one or both eyes; 23 of these and ten specials were referred for treatment, while five routine cases were kept under observation.

46 pupils attended the Clinic and were submitted to refraction, and glasses were prescribed in 41 cases and obtained in 35 cases; 12 others were treated privately and obtained the necessary glasses.

No case of external eye disease was discovered on routine inspection; four special cases received the necessary treatment.

(f) *Ear Disease and Hearing.* No case of defective hearing was found, and there was no case of discharging ears.

(g) *Dental Defects.* The separate Report of the Dental Department is found on page 52.

(h) *Heart Disease and Anæmia.* Five children were found to have heart defects, three being organic and the others functional.

There were 12 routine cases of anæmia, and three special cases; all were referred for treatment.

(i) *Lung Disease (Non-Tuberculous).* One case of bronchitis was discovered, and referred for treatment; two cases of asthma were referred for treatment.

(j) *Crippling Defects.* Eight children had narrow or pigeon chests, 10 showed evidence of slight spinal curvature, and three had flat-foot.

(k) *Other Defects.* Eight routine cases of other defects were referred for treatment; while 32 specials received treatment, these cases being mainly injuries, enlarged glands, and septic conditions.

IV. Infectious Disease.

In the three Departments, no large outbreaks of infectious disease have occurred in 1936; and this freedom from serious epidemics may be due to the fact that many of the pupils have acquired immunity to the school epidemic diseases earlier in childhood.

V. Following-up.

Every attempt is made to secure adequate and correct treatment for defective cases on the lines described for elementary school children; and an endeavour is made to explain in many cases personally to the parents, on some occasions the School Nurse visiting the homes for this purpose. By this and by frequent re-examinations, the defects are almost without exception remedied, and general work of following-up is not difficult, as both parents and pupils realise the necessity of proper treatment.

Treatment is provided in the Authority's Ophthalmic and Dental departments for those pupils whose parents state that they are unable to obtain the necessary treatment privately. No parents' payments are levied, and most of the cases are free-place scholars.

VI. Clinic Work.

The number of pupils attending the minor ailment Clinic is not large, as every effort is made to refer to their private doctor cases in which the financial condition of the parents will allow. During the year, 48 defects were treated at the minor ailment clinic.

VII. Physical Training.

The physical training is very well carried out at these schools, in accordance with the existing syllabus, and it is fortunate that this subject is in the hands of such able exponents as the instructors there; the difference in the physique, as the time during which the pupil has been at the school increases, is in many instances very marked.

The staff are very enthusiastic to do whatever is best for the individual pupil, to try to increase physical fitness in the less robust, to avoid overstrain in the more healthy. It is realised that it is most essential to search for and find a proper adjustment of the phases of physical and mental activity, the effective accomplishment of which would be to increase efficiency in both directions.

VIII. Provision of Meals.

A most valuable part of the general school régime is the provision of dining halls, one for the Boys' and one for the Girls' Department. Here every day a hot dinner is served for the sum of 9d.; and in addition, arrangements are made so that those pupils who wish to bring their own dinners may have their food warmed up and any extras supplied as required. On the average about 90 boys and 125 girls stay each day for dinner, and of these numbers about 30 boys and 35 girls take the school dinner.

The arrangements in the Preparatory School are similar, and 60 children stay to dinner, about 25 taking the school dinner.

IX. Co-operation of Staff.

Every facility is afforded the Medical Officer in his visits to the schools, and the smooth and harmonious way in which the inspection is done must necessarily be the result of much care, forethought, and extra work on the part of the Heads of the three schools. The weighing and measuring of each pupil are done in advance, and ample good accommodation provided for the inspection itself; and the care shown by the Staff in individual cases, especially the defective pupils, is all that can be desired. Perhaps much more satisfying than the gratitude

which the School Medical Service obviously owes for such courtesies, the Staff at these schools can certainly feel that it is their co-operation which is, to a very large extent, ensuring the fullest possible measure of results.

X. Co-operation of Parents.

A few parents were present at the routine examinations, 105 attending in 1936 (compared with 130 in 1935). The difficulties of coming in from surrounding places, the fact that some of the pupils have been examined at the elementary schools, or the fact that all except "entrants" have been examined previously at the Grammar School, may account in part for the absence of the majority of parents. But in any case there is never any difficulty in obtaining treatment for any defect, and the absence of parents would not seem to indicate indifference or lack of interest.

I have the honour to be,

Sir,

Your obedient Servant,

L. G. ANDERSON,

Assistant Medical Officer.

REPORT OF THE SCHOOL DENTAL SURGEON.

(GRAMMAR SCHOOL)

*The School Medical Officer,
Torquay.*

SIR,

I have the honour to present the Report for the year 1936, as from March 1st, on the Dental Inspection and Treatment of pupils attending the Torquay Grammar Schools.

Inspection. The statistical table appended as required by the Board of Education, shows the number of pupils inspected at each age, the number of routine inspections being 753. In addition 46 cases were examined at the Clinic as "specials" the total inspections being 799.

Of these, 608 (76.0%), were found to require treatment, and the parents were notified as to the nature of that treatment.

Of the cases requiring treatment 355 (58.4%) were treated at the Clinic, in 168 instances (27.6%) the forms were returned with the declaration that private treatment would be obtained, and of the remaining cases 67 pupils (11.0%) are still awaiting treatment, and 18 cases (3%) are made up (a) of parents who objected to treatment (b) of parents who failed to return their notice, and (c) pupils who did not attend at the Clinic when appointments were made.

Treatment. The number of fillings inserted in permanent teeth was 789, and the number of permanent teeth extracted was 187. It is hoped to reduce materially the number of permanent extractions in future; many of the teeth removed this year would have been better extracted before, and in future unsaveable teeth will be extracted as soon as possible. If allowed to remain, infection of the bone and surrounding teeth may occur.

Scaling was necessary in only eight cases, showing a high standard of oral hygiene.

Other operations amounted to 124, consisting of silver nitrate dressings, gum treatment, removal of green stains, linings to cavities, etc.

16 Orthodontic cases were completed, mostly by extraction of certain teeth to relieve overcrowding, and several pupils were given instruction with regard to digital manipulation of irregular teeth. Much irregularity can be overcome by the pupil, acting on advice from the dental surgeon.

It is gratifying to observe that among the older pupils in particular, a very high degree of appreciation exists for the treatment, particularly conservative work, received at the Clinic, and many of them are extremely fastidious as to the condition of their mouths.

My thanks are due to the Heads of the three Departments and their Staffs for the splendid help they have given me in arranging for inspections, and also for ensuring that pupils arrive punctually for their appointments.

I have the honour to be,

Sir,

Your obedient Servant,

NORMAN HARRIS,
Dental Officer.

GRAMMAR SCHOOLS.

TABLE I. (GRAMMAR).

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTION.

Number of Inspections in the prescribed Groups—

Entrants	130
Second Age Group (12 years)	40
Third Age Group (15 years)	73
Leavers	38

Total ...	281
-----------	-----

Number of other Routine Inspections ...	261
---	-----

Grand Total ...	543
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B.—OTHER INSPECTIONS.

Number of Special Inspections	83
Number of Re-inspections	439
Total	522

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

NUMBER OF *individual children* FOUND AT *Routine* MEDICAL INSPECTION
TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Prescribed Groups :

Entrants	17
Second Age Group	6
Third Age Group	10
Leavers	4
Total (Prescribed Groups)	37
Other Routine Inspections	41
Grand Total	78

TABLE II. (GRAMMAR).

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1936.

DEFECT OR DISEASE				Routine Inspections: No. of Defects		Specials No of Defects	
				Requiring Treatment.	Requiring to be kept under ob- servation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under ob- servation, but not requiring Treatment.
(1)				(2)	(3)	(4)	(5)
SKIN	..	Ringworm—		—	—	—	—
		Scalp .. ..	.. ..	—	—	—	—
		Body .. ..	.. ..	—	—	—	—
		Scabies .. ..	.. ..	—	—	—	—
		Impetigo .. ..	.. ..	—	—	2	—
Other Diseases (Non-Tuberculous)			4	—	5	—	
EYE	..	Blepharitis .. ..	.. ..	—	—	—	—
		Conjunctivitis .. ..	.. ..	—	—	4	—
		Keratitis .. ..	.. ..	—	—	—	—
		Corneal Opacities .. ..	.. ..	—	—	—	—
		Other Conditions (excluding Defective Vision & Squint)		—	—	4	—
		Defective Vision (excluding Squint) .. ..	.. ..	23	5	10	—
Squint			—	—	1	—	
EAR	..	Defective Hearing .. ..	.. ..	—	—	1	—
		Otitis Media .. ..	.. ..	—	—	—	—
		Other Ear Diseases .. ..	.. ..	1	—	2	—
NOSE AND THROAT		Chronic Tonsillitis only .. ..	.. ..	7	11	3	—
		Adenoids only .. ..	.. ..	—	—	—	—
		Chronic Tonsillitis and Adenoids		1	1	—	—
		Other Conditions .. ..	.. ..	1	—	8	—
ENLARGED CERVICAL GLANDS (Non-Tuberculous)				—	—	—	—
DEFECTIVE SPEECH				—	—	—	—

TABLE II.—*continued.*

		(1)	(2)	(3)	(4)	(5)
HEART AND CIRCULATION	Heart Disease—					
	Organic	2	1	—	—	—
	Functional	1	1	—	—	—
	Anæmia	12	—	3	—	—
LUNGS ..	Bronchitis	1	—	1	—	—
	Other Non-Tuberculous Diseases	2	—	—	—	—
TUBERCULOSIS	Pulmonary—					
	Definite	—	—	—	—	—
	Suspected	1	—	—	—	—
	Non-Pulmonary—					
	Glands	1	—	—	—	—
	Bones and Joints	—	—	—	—	—
	Skin	—	—	—	—	—
	Other Forms	—	—	—	—	—
NERVOUS SYSTEM	Epilepsy	—	—	—	—	—
	Chorea	—	—	—	—	—
	Other Conditions	—	1	1	—	—
DEFORMITIES	Rickets	—	—	—	—	—
	Spinal Curvature	10	—	—	—	—
	Other Forms	11	—	2	—	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ..		8	—	36	—	—
Total		86	20	83	—	—

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE *Routine* AGE GROUPS.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	130	28	21.5	87	67.0	15	11.5	—	—
Second Age-group	40	4	10.0	28	70.0	8	20.0	—	—
Third Age-group	73	18	24.7	46	63.0	9	12.3	—	—
Leavers ..	38	9	23.7	28	73.7	1	2.6	—	—
Others ..	262	47	17.9	194	74.1	21	8.0	—	—
Total ..	543	106	19.5	383	70.5	54	10.0	—	—

TABLE IV. (GRAMMAR).

*Return of Defects treated during the Year ended
31st December, 1936.*

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm—Scalp			
(i) X-Ray Treatment ...	—	—	—
(ii) Other ...	—	—	—
Ringworm—Body ...	—	—	—
Scabies ...	—	—	—
Impetigo ...	2	—	2
Other Skin Diseases ...	5	1	6
<i>Minor Eye Defects—</i> (External and other, but excluding cases falling in Group II.)	6	1	7
<i>Minor Ear Defects ...</i>	3	—	3
<i>Miscellaneous—</i> (e.g., minor injuries, bruises, sores, chilblains, etc.) ...	32	4	36
Total ...	48	6	54

TABLE IV.—*continued.*

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint) ...	46	12	58
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ...	4	—	4
Total ...	50	12	62

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme	...	41
(b) Otherwise	...	12
		53

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme	...	35
(b) Otherwise	...	12
		47

TABLE IV.—*continued*

Group III.—Treatment of Defects of Nose and Throat.

	Number of Defects.				
	Received Operative Treatment			Received other forms of Treatment.	Total number treated.
	Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
	(1)	(2)	(3)	(4)	(5)
Tonsils only	—	2	2	—	4
Adenoids only	—	—	—	—	
Tonsils & Adenoids	—	2	2	—	
Other conditions	—	—	—	—	

Group IV.—Orthopaedic and Postural Defects

	Under the Authority's Scheme (1)			Otherwise (2)			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated	—	—	—	—	—	—	—

Group V.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5 ...	—	} Total ... 753
	6 ...	24	
	7 ...	17	
	8 ...	31	
	9 ...	28	
	10 ...	51	
	11 ...	96	
	12 ...	116	
	13 ...	110	
	14 ...	119	
	15 ...	97	
	16 ...	43	
	17 ...	16	
	18 ...	5	
Specials ...			46
Grand Total			799

(b) Found to require treatment ... 608

(c) Actually treated ... 355

(2)	Attendances made by children for treatment	...	...	700
(3)	Half-days devoted to	...	Inspection ... 7	} Total ... 97
			Treatment ... 90	
(4)	Fillings	...	Permanent teeth 789	} Total ... 794
			Temporary teeth 5	
(5)	Extractions	...	Permanent teeth 187	} Total ... 338
			Temporary teeth 151	
(6)	Administrations of general anæsthetics for extractions	...	Total ...	36
(7)	Other operations	...	Permanent teeth 124	} Total ... 132
			Temporary teeth 8	



